				18/746681										
									Application of Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									17 5265 US					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THAN			
TOTÁL CLAIMS			30				RAT			] .	RATE	FI	E	لم
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE 770		.00	
TOTAL CHARGEABLE CLAIMS			30 mit	าบร 20=	•. 10			X3 9=		OR	X\$18=	X\$18= 180		6
INDEPENDENT CLAIMS			g mi	nus 3 =	•	· D	Ī	X43=		OR	X86=			$\leq$
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT			. 🗆	f	+145=			+290=			
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL			TOTAL	0		İ
CLAIMS AS AMENDED - PART II											OTHER THÂN			
1	\ .	(Column 1)		(Colur	nn 2)	(Column 3)		SMAL	LENTITY	OR	SMALL	_	<u> </u>	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIO FI	1	١.
OM	Total	.70	Minus	-3	O	• • /		X\$ 9=	/	OR	X\$18=			
AMENDMENT	Independent	. 2	Minus	•••		= /		X43=	17	OR	X86=	7		
٨	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM			+145=	17	OR	+290=	7		
	(Column 1) (Column 2) (Column 3)								YOTAL		TOTAL	TOTAL		
1	0/38/0	(Column 1)	A	DON, FE	E	JOR	ADDIT. FEE			. :				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIX PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIO	_	:
DME	Total	. 30	Minus	-9	$\overline{O}$	· 67	ſ	X\$ 9=		OR	X\$18=	$\Box I$		
MEN	Independent	. 2	Minus		3	.0		X43=	1.	OR	X86=			
4	FIRST PRESE	NTATION OF MI	JUTIPLE DEF	ENDENT	CLAIM	. 🗖	<b> </b>	±145=	1		+290=		$\sqcap$	<b>l</b> .
107AL										OR	+290= 107AL	4	爿	
		· Al	DOIT, FE		OR	ADOIT.FEE	بكسا		•					
		(Column 1) CLAIMS	<u> </u>	(Cotur	EST	(Column 3)	r	•	ADDI-		·	AD	DI.	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE	•	RATE	ADD+ TIONAL FEE		
NDN	Total	•	Minus	•	•	• .		X\$ 9=		OR	X\$18=			
AME	Independent	•	Minus	***		<u> -                                    </u>	ſ	X43=		OR	X86=			
لــًا	FIRST PRESE	NTATION OF MI	JUTIPLE DEF	ENDENT	CLAIM	نـــــــــــــــــــــــــــــــــــــ	十	+145=	1		+290s			
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										OR OR	TOTAL ADDIT. FEE			ŀ
-	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box											Ŀ		
-1	The Tilghest Num	ber Previously Pai	a For' (Total o	Independi	ent) is the	rugnest cumber	TOLIN	d in the a		. w col	MRT 1. •			l

FORM PTO-875 (Rev. 1003)